

**KANSAS CRIMINAL JUSTICE COORDINATING COUNCIL  
OFFICE OF THE GOVERNOR  
FEDERAL GRANTS PROGRAM**

CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KANSAS 66612-1590

FAX: (785) 291-3204

**FINANCIAL STATUS REPORT**

(Due 30 Days After Close of Each Quarter or the First Business Day, by 5:00 P.M.)

**LLEBG**

The information provided on this report will be used to monitor subgrantee cash flow. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing laws and regulations

1. NAME/ADDRESS OF SUBGRANTEE ORGANIZATION	2. GRANT PROJECT NUMBER		3. VENDOR IDENTIFICATION NUMBER OR FEDERAL EMPLOYER ID NUMBER		4. FINAL REPORT ('X' ONE) NO YES	
	5. BASIS OF ACCOUNTING ('X' ONE) CASH ACCRUAL	6. PROJECT PERIOD (MO, DAY, YR) FROM: TO:		7. REPORT PERIOD (MO, DAY, YR) FROM: TO:		

**GRANT FUND EXPENDITURES AND OBLIGATIONS BY BUDGET CATEGORY**

BUDGET CATEGORY	Approved Budget (Total Project)	Period Expenditures (Federal Funds)	Period Expenditures (Non-Federal Match)	To Date Expenditures (Federal Funds)	To Date Expenditures (Non-Federal Match)	Obligations (Total Project)	Funds Remaining (Total Project)
A. Equipment Expenditures							
B. Other Expenditures							
C. Total Expenditures							

**CERTIFICATION**

<b>CERTIFICATION</b>  I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS REPORT IS CORRECT AND COMPLETE AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS FOR THE PERIOD COVERED AND FOR THE GRANT TO DATE.	AUTHORIZED CERTIFYING OFFICIAL (Type or Print)		<b>TELEPHONE NUMBER</b>	
	SIGNATURE DATE		AREA CODE	NUMBER WITH EXT.
	FISCAL OFFICER (Type or Print)		<b>FOR OFFICE OF THE GOVERNOR USE</b>	
	SIGNATURE DATE		APPROVED BY OFFICE OF THE GOVERNOR	DATE APPROVED

Rev. October 2004